

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Am</i>	<i>6704</i>	<i>1/1/10</i>
O.I.P.E. CLASSIFIER		<i>#3</i>	<i>2/23/10</i>
FORMALITY REVIEW	<i>DB</i>	<i>65373</i>	<i>3/25/10</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1		3/10/10	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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